

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Citizens For Southwestern City Schools									
Full Name of Contributor							Registration Number, if PAC		
Kevin & Christie Laffin									
Street Address				Employer/Occupation / Labor Organization*			Form (Cash, Check, etc.)		
4447 Dawn Dr							Check		
City		State		Zip Code		M		D Y	
Grove City		OH		43123		04		2409	
Amount							\$40.-		
Full Name of Contributor							Registration Number, if PAC		
Beverlee Powers									
Street Address				Employer/Occupation / Labor Organization*			Form (Cash, Check, etc.)		
116 Sheffield Rd							Check		
City		State		Zip Code		M		D Y	
Columbus		OH		43214		04		2109	
Amount							\$75.-		
Full Name of Contributor							Registration Number, if PAC		
J Patrick & Mary Ann Callaghan									
Street Address				Employer/Occupation / Labor Organization*			Form (Cash, Check, etc.)		
4634 Oracle Lane							Check		
City		State		Zip Code		M		D Y	
Hilliard		OH		43026		04		1609	
Amount							\$50.-		
Full Name of Contributor							Registration Number, if PAC		
Erik Shuey									
Street Address				Employer/Occupation / Labor Organization*			Form (Cash, Check, etc.)		
90 W Lakerview Ave							Check		
City		State		Zip Code		M		D Y	
Columbus		OH		43202		04		2009	
Amount							\$100.-		
Full Name of Contributor							Registration Number, if PAC		
Phillip & Elaine Lawless									
Street Address				Employer/Occupation / Labor Organization*			Form (Cash, Check, etc.)		
4145 Bowmansroot Ct							Check		
City		State		Zip Code		M		D Y	
Hilliard		OH		43026		04		2109	
Amount							\$50.-		
Full Name of Contributor							Registration Number, if PAC		
L.M. Saxton									
Street Address				Employer/Occupation / Labor Organization*			Form (Cash, Check, etc.)		
2339 Milligan Grove							Check		
City		State		Zip Code		M		D Y	
Grove City		OH		43123		03		1909	
Amount							\$75.-		
Full Name of Contributor							Registration Number, if PAC		
Jason Chad Dotson									
Street Address				Employer/Occupation / Labor Organization*			Form (Cash, Check, etc.)		
3323 Pebble Beach Rd.							Check		
City		State		Zip Code		M		D Y	
Grove City		OH		43123		04		2209	
Amount							\$100.-		
Full Name of Contributor							Registration Number, if PAC		
Matthew or Michelle Geraski									
Street Address				Employer/Occupation / Labor Organization*			Form (Cash, Check, etc.)		
3445 Hoover Rd							Check		
City		State		Zip Code		M		D Y	
Grove City		OH		43123		04		1409	
Amount							\$15.-		

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(E)(4)]